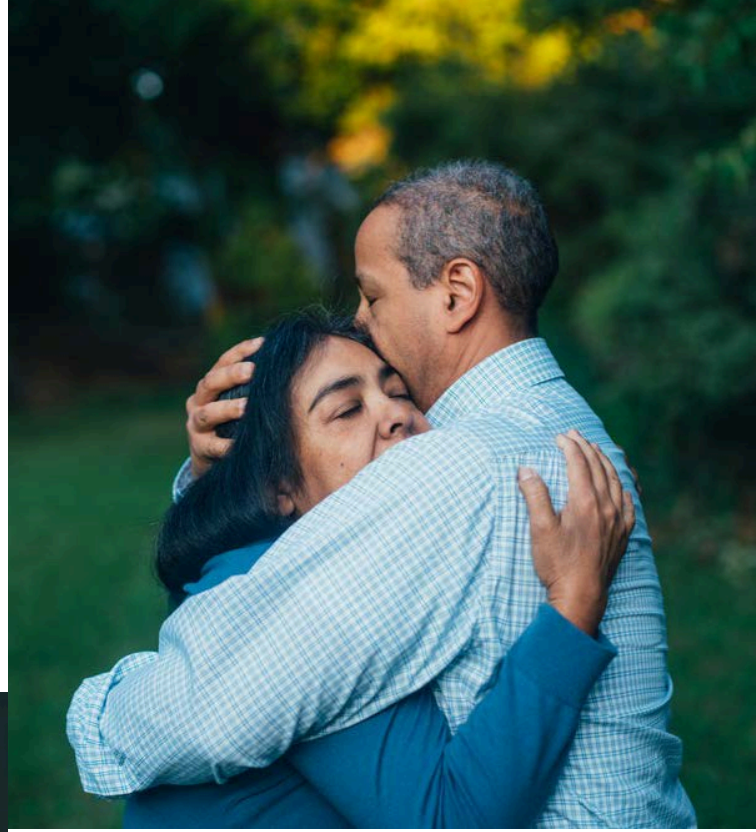


Missouri Adult Survey: Beliefs About Substance Use & Mental Health

2017 Phone Survey



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Survey Key Findings

Key Findings Related to Substance Use

National data suggest that more than half of adults in Missouri have used alcohol in the past month (55.5%), with 26.4% reporting binge alcohol use. Tobacco products were used by more than 3 in 10 Missouri adults (34.6%) in the past month, with 28.9% reporting past month cigarette use. Past month marijuana use for the state is 7.3% and past month use of illicit drugs other than marijuana is 2.8%. This survey examined beliefs and perceptions surrounding substance use in adults.

The top 3 substances that Missouri adults are most concerned about for adults in their communities are

- Heroin
- Prescription drugs
- Alcohol

The top 3 substances that Missouri adults are most concerned about for youth in their communities are

- Alcohol
- Marijuana
- Prescription drugs

Most adults felt that it was not OK for

- Youth under the age of 21 to consume alcohol (77%)
- Adults to provide alcohol to those underage (91%)

Less than half report knowing of adults in their community who allow underage drinking in their home (43%).

The majority of Missouri adults felt that use of all substances was risky with 60% or more believing that each substance was of “Moderate Risk” or “Great Risk” of harm. Alcohol, Marijuana, and E-cigarettes use were seen as least risky.

The majority of Missouri adults felt that substances were easy to get, with more than 65% reporting that Marijuana, Illegal drugs other than marijuana, Prescription drugs without a prescription, and synthetic drugs are “Easy” or “Very Easy” to obtain. Of these, marijuana was the viewed as the easiest to get, with 82% of adults reporting that is “Easy” or “Very Easy” to obtain.

Nearly half (49%) of Missouri adults believe that marijuana can be addictive. The majority of adults believed that either marijuana should only be used by those who are at least the age of 21 (48%) or that it is never a good thing to do regardless of age (41%).

Over half of Missouri adults (56%) believe that there are not enough programs in their communities to help prevent alcohol and other drug use among children and youth.

Key findings Related to Mental Health and Stigma

When asked how often they had experienced symptoms in the past 2 weeks, adults reported experiencing the following at least half the days:

- 1 in 10 adults report feeling down, depressed, or hopeless
- Nearly 1 in 5 report having little interest or pleasure in doing things
- Slightly more than 1 in 5 adults report not being able to stop or control worrying
- 1 in 4 adults report feeling nervous, anxious or on edge.
- 3 in 10 reported more than one of the above

4% of participants had considered suicide in the past 12 months

Approximately 43% of Missouri adults have experienced violence or trauma.

When presented with vignettes about people displaying symptoms of substance misuse or mental health issues, people consistently showed that they were most accepting of major depression and least accepting of hard drug misuse. However, across all conditions (alcohol misuse, major depression, schizophrenia, prescription drug misuse, or hard drug misuse use), less than 4 out of 10 of the people surveyed were “definitely willing” to engage in the relationship.

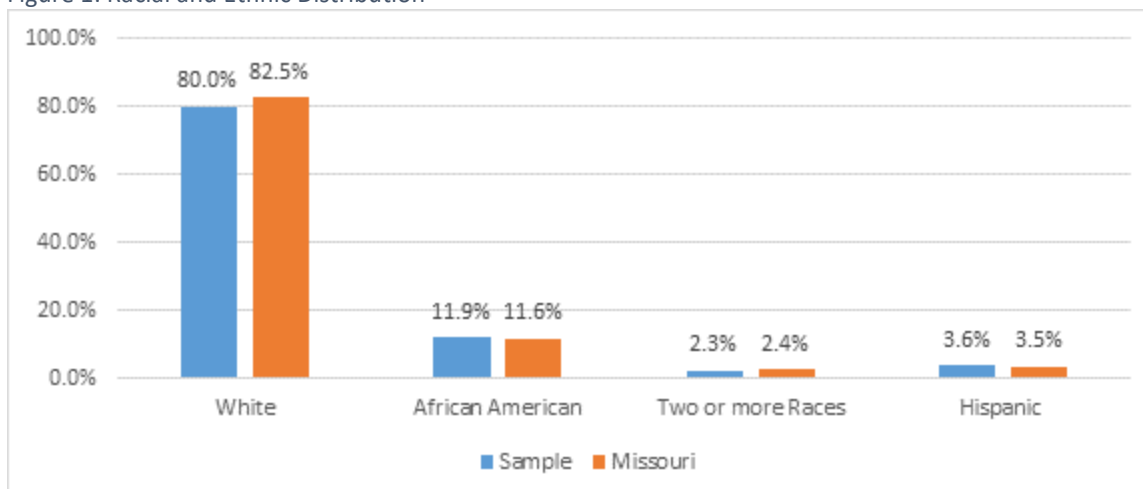
Introduction & Methodology

Missouri's Behavioral Health Epidemiological Workgroup developed a survey to address beliefs of Missouri adults about substance use and mental health. This survey was implemented through a random digit dial survey of 3000 adults conducted by Patron Insight between June 2017 and Late August 2017. A full report from this agency, developed for the Department of Mental Health is available on request (contact Dr. Susan Depue at susan.depue@mimh.edu)

To achieve a margin of error of 5.7%, it was determined that a sample size of 3,000 was necessary with 300 adults surveyed per Prevention Resource Center coverage area (previously known as Resource Support Centers). Lists of cell phone and land line phone numbers were purchased by Patron Insight based on the geography of the calling areas of interest. Phone numbers were dialed at random using an every n^{th} number approach. Participants were asked if they were 18 years of age or older and an answer of "yes" was required to continue the survey. To examine willingness to engage socially with someone with a substance use or mental health disorder, participants were read a randomly assigned vignette describing a person with one of the following: alcohol misuse, major depression, schizophrenia, prescription drug misuse, or hard drug use (see Appendix A for vignettes) and then asked a series of questions about the person. The gender of the person being described was also randomly assigned as male (John) or female (Mary).

As the sample was random, it is a representation of the population of Missouri. There was a good distribution of ages ranging from those born before 1950 (67+) to young adults in the 18-25 range. The racial distribution was very similar to the state and almost all spoke English at home. Slightly over half of the sample was currently married while a quarter had never been married. About 30% were parents of a child in grades 6-12. 10% were disabled (defined as "limited in any way in any activities because of physical, mental, or emotional problems"). The sample was slightly biased towards females (57%) with less than 1% identifying as transgender. 88% identified as heterosexual, 4% as lesbian or gay and 6% as bisexual. The number of active military was small but 18% were veterans. This is almost double the veteran population of Missouri (9.4%).

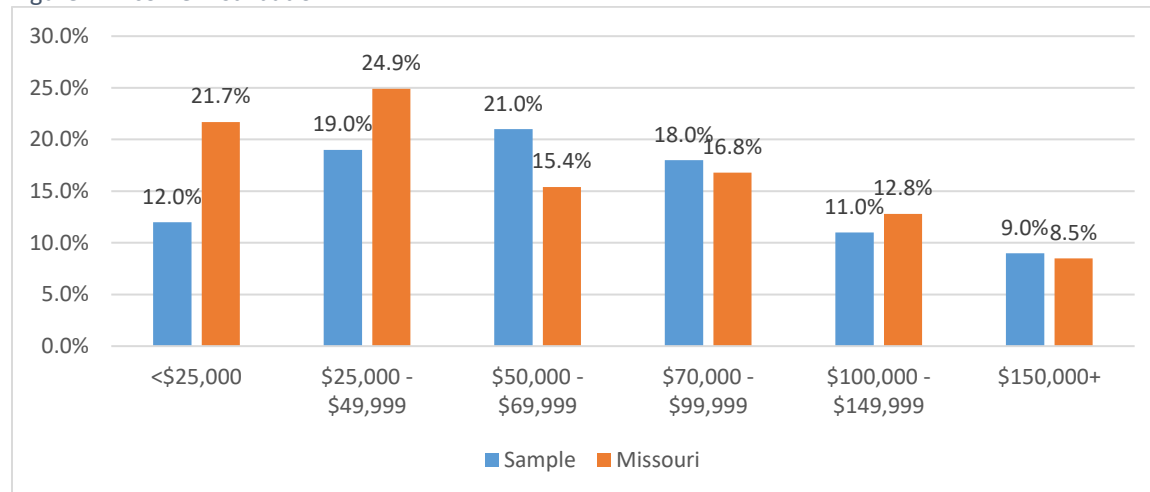
Figure 1: Racial and Ethnic Distribution



3 out of 10 people knew someone with a mental illness. 45% of the sample knew someone who was struggling with substance misuse. 4 out of 10 did not know anyone with either of these concerns. Numbers add to more than 100% as some people knew both a person with mental illness and a person misusing substances.

The sample was more middle class than Missouri as a whole, with significantly less people at the lower end of the income spectrum.¹

Figure 2: Income Distribution



A review highlighting key findings, developed by Missouri Institute of Mental Health, is presented in the body of this report. For more information on the report, contact Dr. Susan Depue at susan.depue@mimh.edu or Dr. Staci Scott at staci.scott@mimh.edu

¹ Missouri data taken from the 2016 American Community Survey

Substance Use



Past Month Use

National data² suggest that more than half of adults in Missouri have used alcohol in the past month (55.5%), with 26.4% reporting binge alcohol use. Tobacco products were used by more than 3 in 10 Missouri adults (34.6%) in the past month, with 28.9% reporting past month cigarette use. Past month marijuana use for the state is 7.3% and past month use of illicit drugs other than marijuana is 2.8%.

Table 1: Regional Distribution of Past month Use, Aggregate Data from 2012-2014

| | Central | Eastern | Northwest | Southeast | Southwest | Missouri |
|----------------------------|---------|---------|-----------|-----------|-----------|----------|
| Alcohol | 54.9% | 58.3% | 57.4% | 47.2% | 53.5% | 55.5% |
| Binge Alcohol | 26.7% | 25.7% | 28.3% | 25.8% | 25.3% | 26.4% |
| Cigarette | 31.1% | 25.9% | 27.9% | 34.3% | 31.9% | 29.0% |
| Illicit drug w/o Marijuana | 2.9% | 2.7% | 2.9% | 2.9% | 2.8% | 2.8% |
| Marijuana | 7.3% | 7.5% | 8.2% | 5.5% | 6.8% | 7.3% |
| All Tobacco | 37.1% | 31.3% | 32.4% | 41.8% | 38.0% | 34.6% |

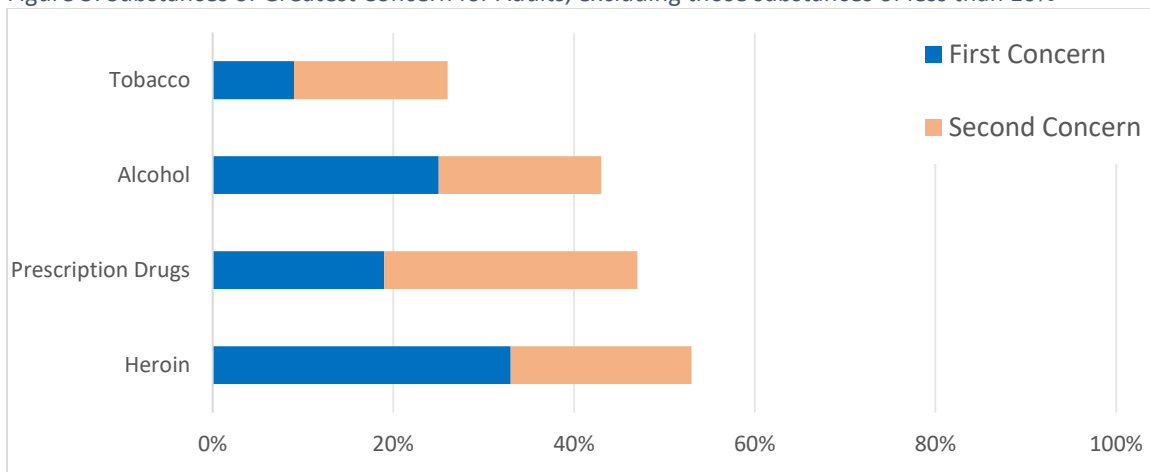
This survey examined beliefs and perceptions surrounding substance use in adults.

Potential Harm and Availability of Substances

When asked to rank which substances were of the greatest concern for adults in their communities, heroin was the greatest first concern and as a combined variable, the most concerning substance overall. Prescription drugs were the second highest combined concern followed by alcohol. Tobacco was of least concern, particularly as a primary concern.

When asked if it was okay to share prescription drugs with someone else, almost everyone said no (99%).

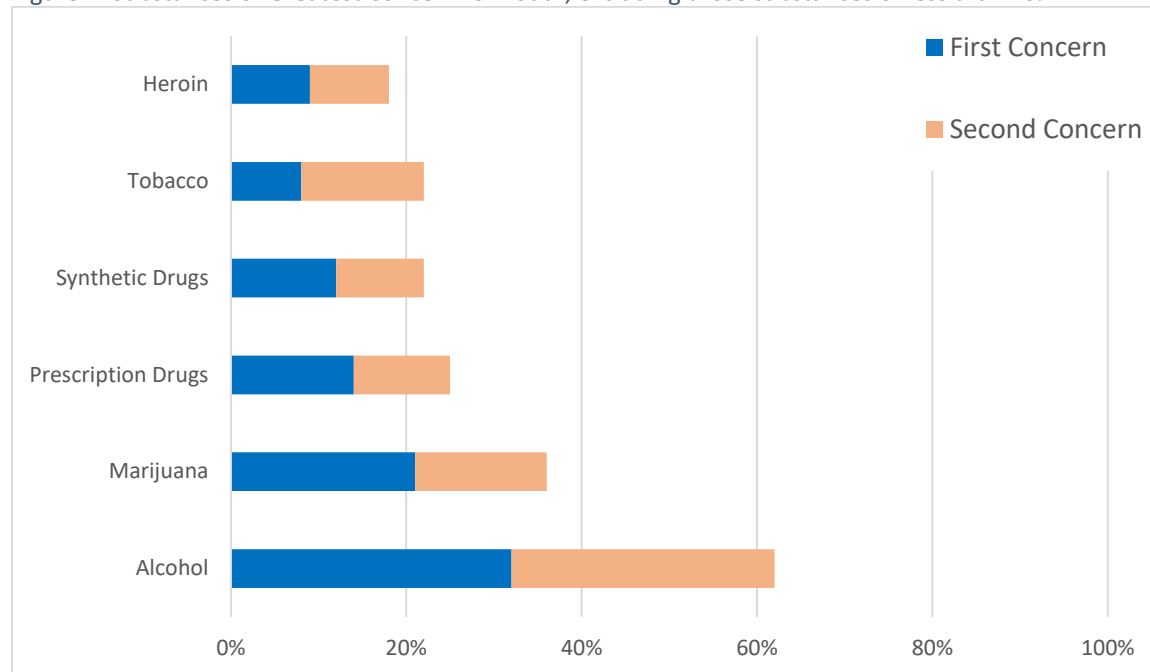
Figure 3: Substances of Greatest Concern for Adults, excluding those substances of less than 10%



² National Survey on Drug Use and Health (NSDUH)

Missouri adults were also asked to identify the substances of greatest concern for youth in their communities. Alcohol was of greatest concern with over 60% of adults identifying this as a first or second concern for youth. Marijuana was the second most concerning substance overall. This was followed by prescription drugs, synthetic drugs, and tobacco. While heroin was the substance of greatest concern for adults in the community, it was of least concern for youth.

Figure 4: Substances of Greatest Concern for Youth, excluding those substances of less than 10%



Statewide, heroin was seen as the greatest concern for adults with alcohol as the second greatest concern. However, there were some regional differences:

- Those in the far northern area of the state (Preferred Family's service area) flipped the concerns with Alcohol being more of an issue than Heroin.
- Those in the metro areas (St. Louis and Kansas City), along with much of the southeast area of the state³, thought that Prescription Drug Misuse was more of an issue than Alcohol misuse. This should be interpreted cautiously though as the differences between the two issues were slight in almost all areas (the exception being the northern area mentioned above).

Participants did not show any regional variation when it came to their concerns about youth. Alcohol was consistently the greatest concern, followed by marijuana.

³ First Call Alcohol/Drug, National Council on Alcohol & Drug Abuse, Prevention Consultants of Missouri, SEMO University and FCC Behavior Health service areas.

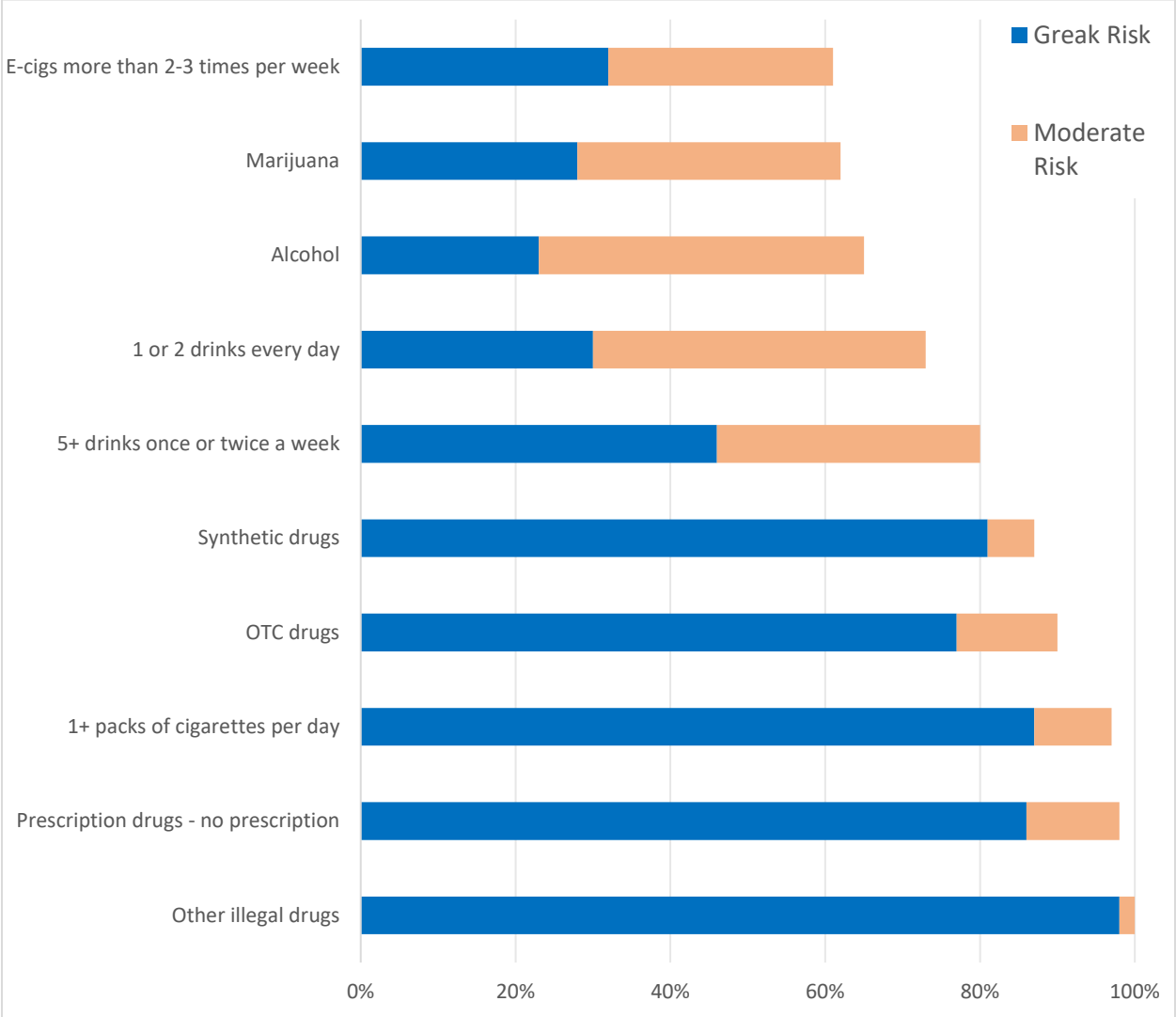
Several questions addressed beliefs about underage drinking. Around 2 in 10 adults think it is OK to drink or depends on the situation and around 1 in 10 adults think it is OK for adults to provide alcohol or it depends on the situation. Less than half report knowing of adults in their community who allow underage drinking in their home.

Table 2. Beliefs about Underage Drinking

| Question | Response | % Endorsed |
|---|--------------------------|------------|
| <i>Generally speaking, do you, yourself think it is OK for youth under the age of 21 to consume alcohol, other than for religious purposes?</i> | No | 77% |
| | Yes | 11% |
| | Depends on the Situation | 7% |
| <i>Generally speaking, do you, yourself think it is OK for adults to provide alcohol to those under the age of 21?</i> | No | 91% |
| | Yes | 4% |
| | Depends on the Situation | 5% |
| <i>I'm NOT asking for any names or specific information, but I would like to know if you are you aware of any adults in your community who allow underage drinking in their home?</i> | No | 56% |
| | Yes | 43% |

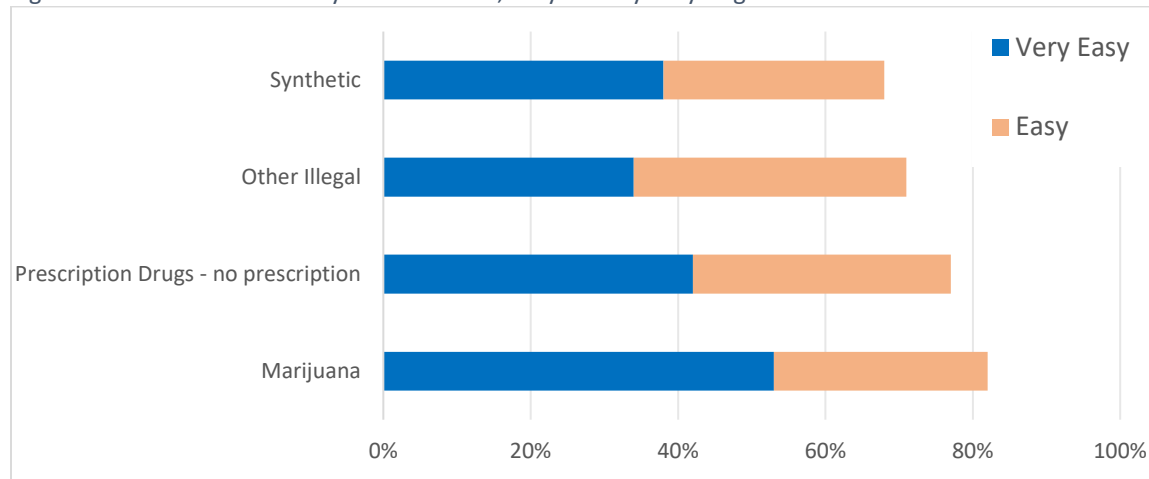
The majority of adults surveyed felt that use of all substances was of at least “Moderate Risk”. Almost everyone felt that using illegal drugs other than marijuana was of “Great Risk” and when adding in “Moderate Risk” 100% of adults said that use of illegal drugs is risky. Almost everyone felt that using prescription drugs that where not prescribed for them by a doctor and smoking 1 or more packs of cigarettes per day were of “Moderate Risk” or “Great Risk”. Alcohol was least likely to be selected as “Great Risk” and smoking e-cigarettes was least likely to be seen as being of “Moderate Risk” or “Great Risk”.

Figure 5: Perceived Risk of Harm of Substance Use, Moderate or Great Risk



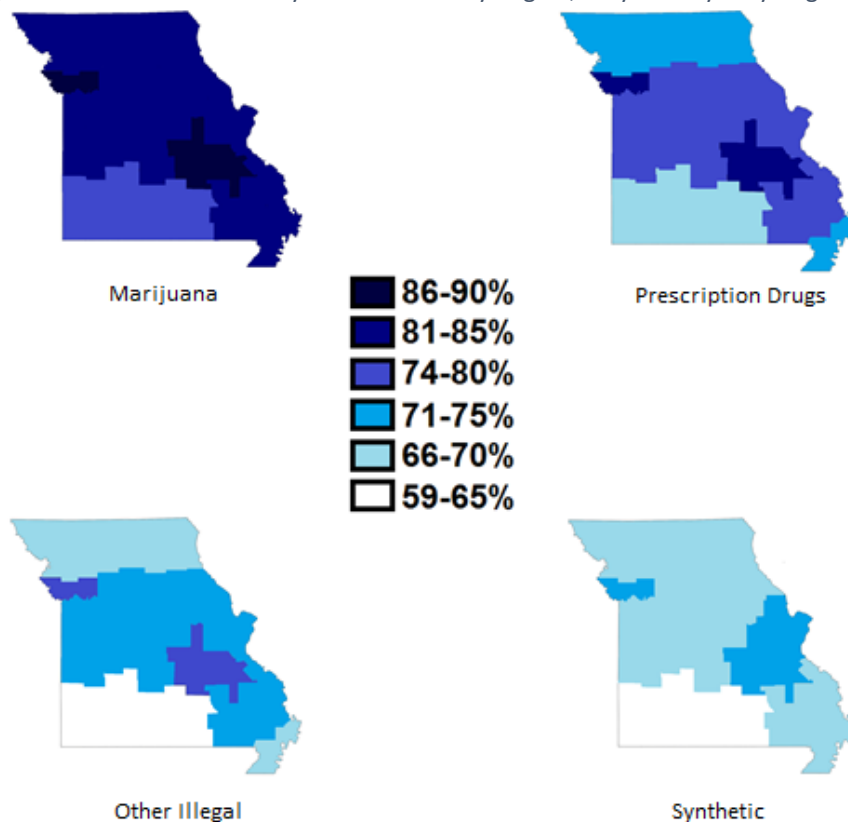
Marijuana was perceived as the easiest substance to obtain. Illegal drugs other than marijuana were least likely to be perceived as “Very Easy” to get and synthetic drugs were least likely to be perceived as “Very Easy” or “Somewhat Easy” to get.

Figure 6: Perceived Availability of Substances, Easy or Very Easy to get



Regional differences are displayed below for perceived availability. Darker colors indicate that a substance is perceived as easier to get. The southeast area consistently had lower rates of perceived availability while the service areas for Tri-County Mental Health and Prevention Consultants were higher.

Figure 7: Perceived Availability of Substances by Region, Easy or Very Easy to get

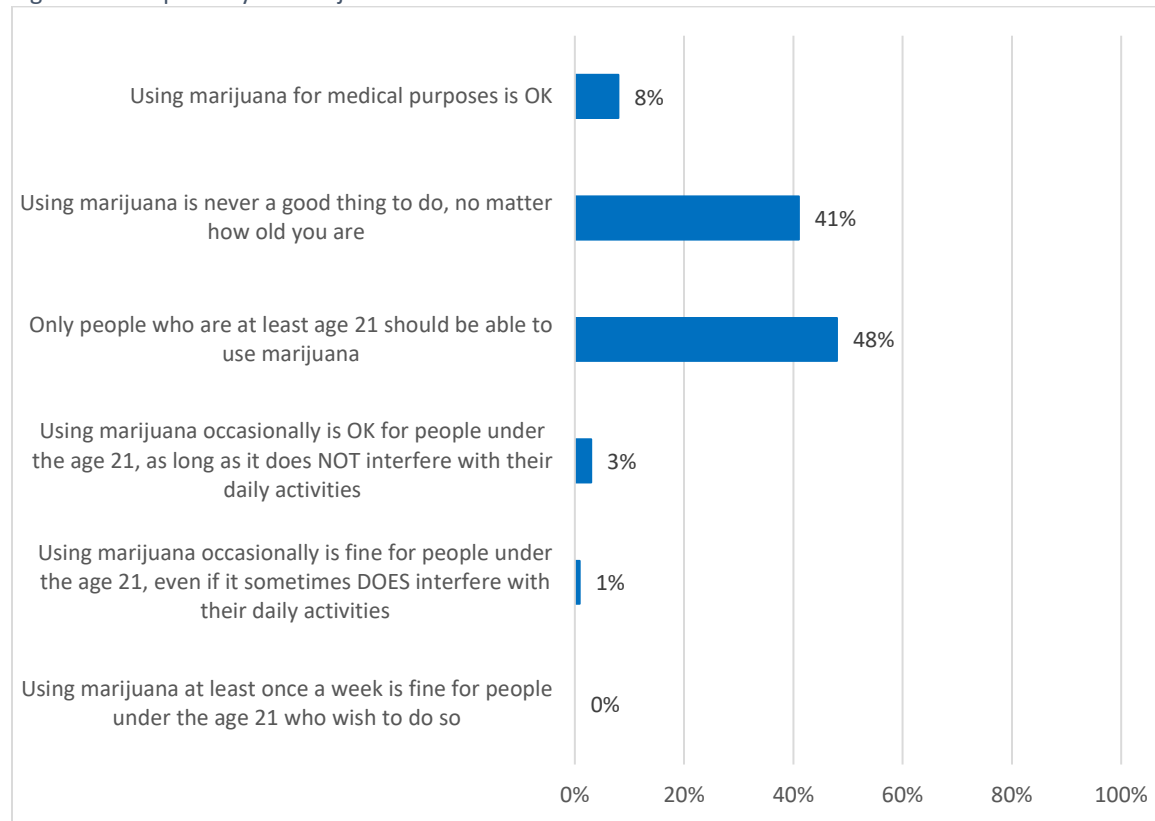


Marijuana

Missouri adults were asked additional questions regarding their beliefs about Marijuana. Almost half (49%) said that they believed marijuana can be addictive, 34% did not believe it can be addictive, and 17% did not know.

When asked about personal beliefs regarding acceptable marijuana use, almost half (48%) thought that only people who are at least 21 should be able to use marijuana. A little more than 4 in 10 adults (41%) believe that using marijuana is never a good thing regardless of age. Less than 10% believe that use is OK for medical purposes or for people under age 21.

Figure 8: Acceptability of Marijuana use



Adults who believe that marijuana can be addictive were much more likely than those who do not to endorse the belief that marijuana use is never a good thing to do, and were also more likely to endorse beliefs suggesting that marijuana use is OK under specific circumstances. Adults who do not believe it can be addictive were more likely than those who do to endorse beliefs that only people who are at least age 21 should be able to use and that it is fine for those under 21 to use even if it interferes with activities.

Figure 9: Differences in Acceptability of Marijuana use by Belief that it can be Addictive

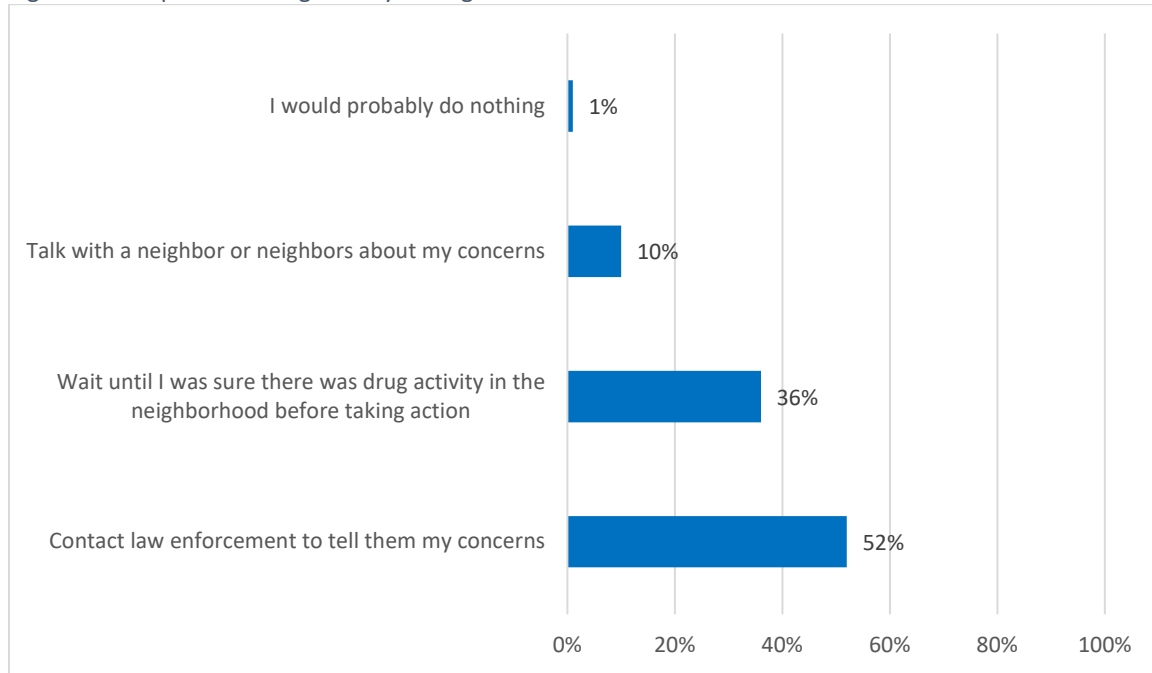


Community Resources

Over half of Missouri adults (56%) believe that there are not enough programs in their communities to help prevent alcohol and other drug use among children and youth.

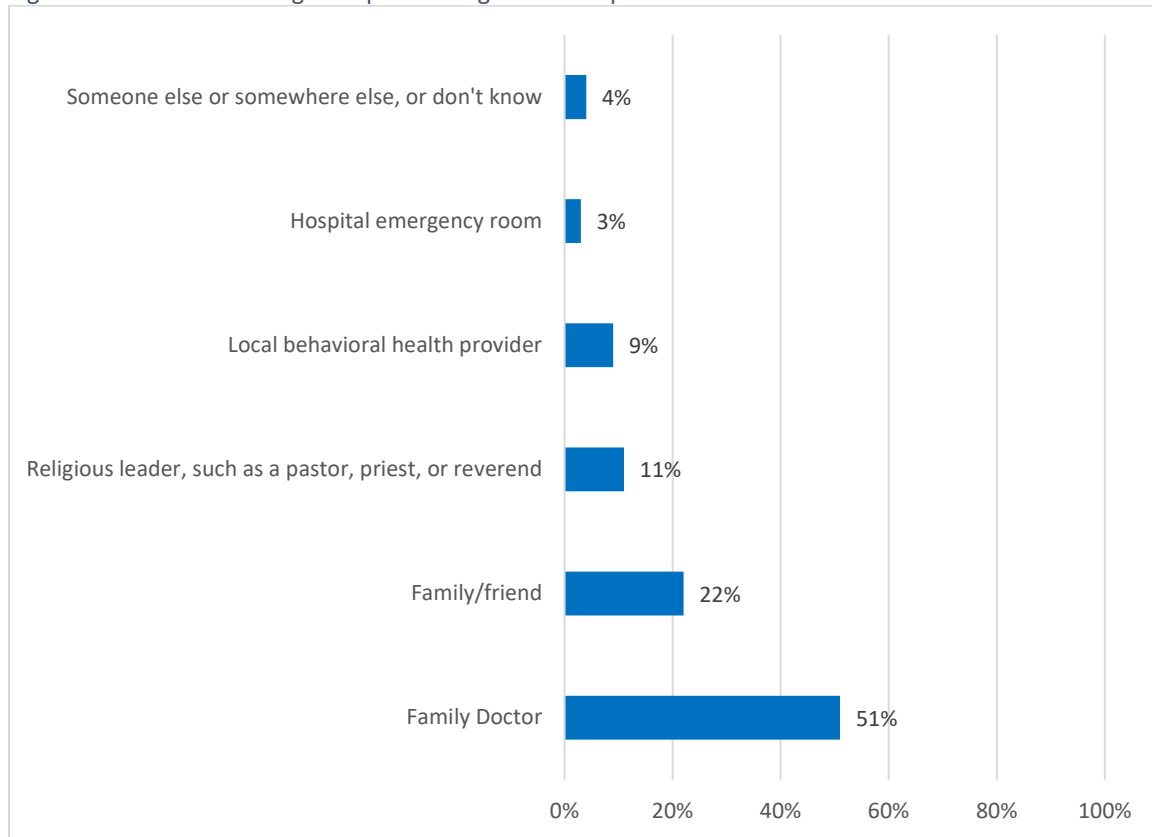
If an individual was concerned about drug activity in their neighborhood, over half (52%) reported that the first thing they would do would be to contact law enforcement. The least popular response was to do nothing.

Figure 10: Response to drug activity in neighborhood



When asked who they would contact first if they believed they were having problems with drugs or alcohol and wanted to get help, just over half (51%) would contact their family doctor. The next most popular response was to contact a family member or friend first. Only a small amount said they did not know where to go.

Figure 11: First contact to get help with drug or alcohol problems



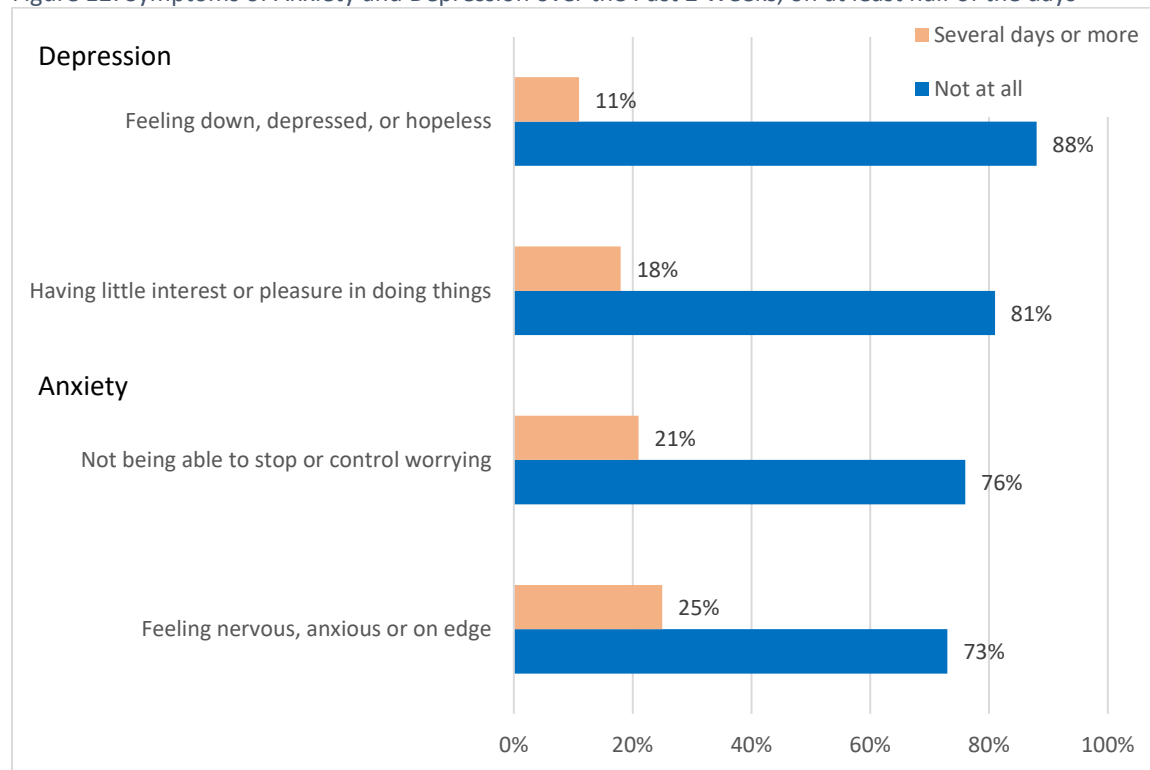
Mental Health



Past Year Indicators

To investigate symptoms of anxiety and depression, adults were asked how often they had experienced 2 symptoms of depression and 2 symptoms of anxiety (shown below) over the last 2 weeks, on at least half of the days. Symptoms of anxiety were reported more frequently than symptoms of depression, with 1 in 4 adults reporting feeling nervous, anxious or on edge.

Figure 12: Symptoms of Anxiety and Depression over the Past 2 Weeks, on at least half of the days



When asked if they had ever considered suicide in the past 12 months⁴, 4% of participants said yes. Of those who had considered suicide, 98% had never done anything or prepared to do anything to end their life. The remaining individuals had done something 1 time or refused to answer.

Approximately 43% of Missouri adults have experienced violence or trauma in any setting⁵. Of those who have experienced trauma, almost 1 in 4 (24%) report that their physical or mental health in the last year has been impacted as a result of violence or trauma “Somewhat” or “Very much so”. Nearly 1 in 5 (19%) of those who have experienced trauma report struggling “Somewhat” or “Very much so” to control their emotions and behavior as a result.

⁴As a service to anyone who said yes, we recommended they call the National Suicide Prevention Number and speak to one of the counselors on staff there as soon as the call was over. The phone number was provided.

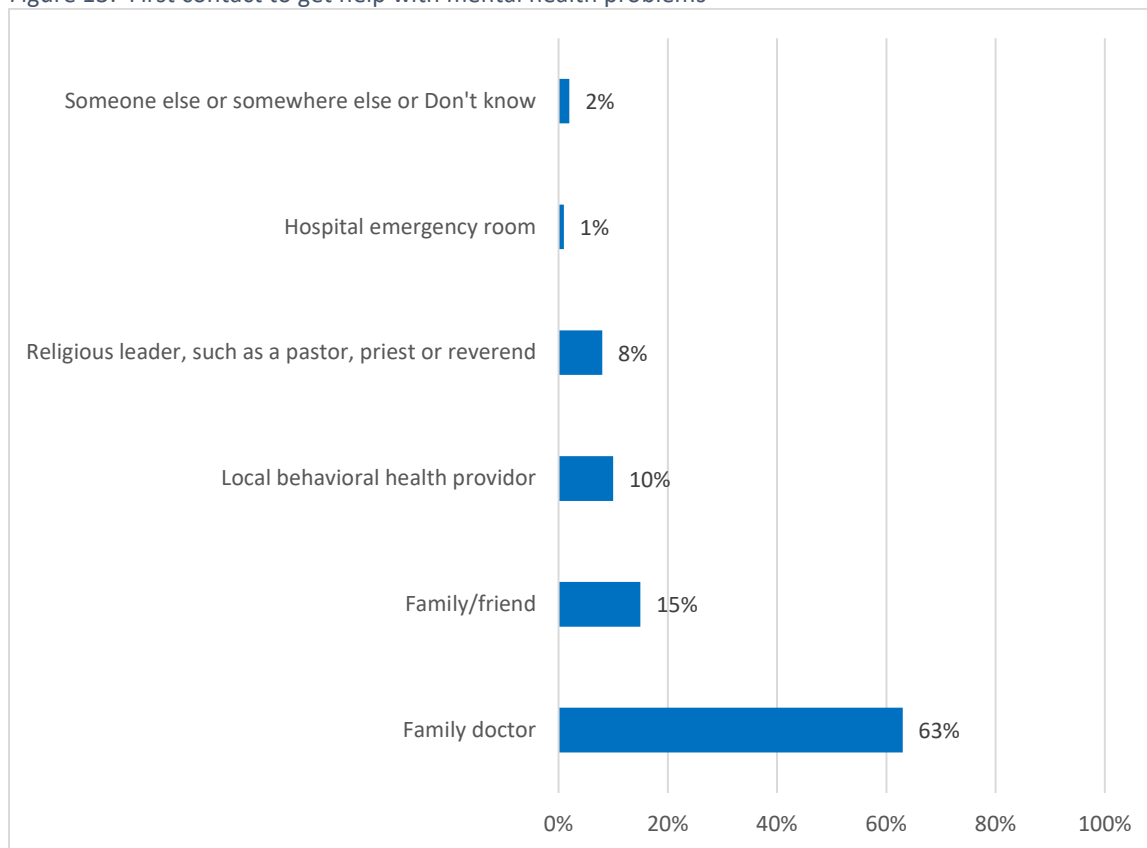
⁵ Including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief

Approximately 31% of adults in Missouri report knowing someone – such as a family member, co-worker, or close friend who is dealing with a mental health condition. Approximately 43% of adults surveyed report knowing someone with a substance use issue.

Community Resources

Similar to substance use, when asked who they would contact first if they believed they were having problems with mental health, most people would contact their family doctor first. Few people did not know what resource they would contact.

Figure 13: First contact to get help with mental health problems



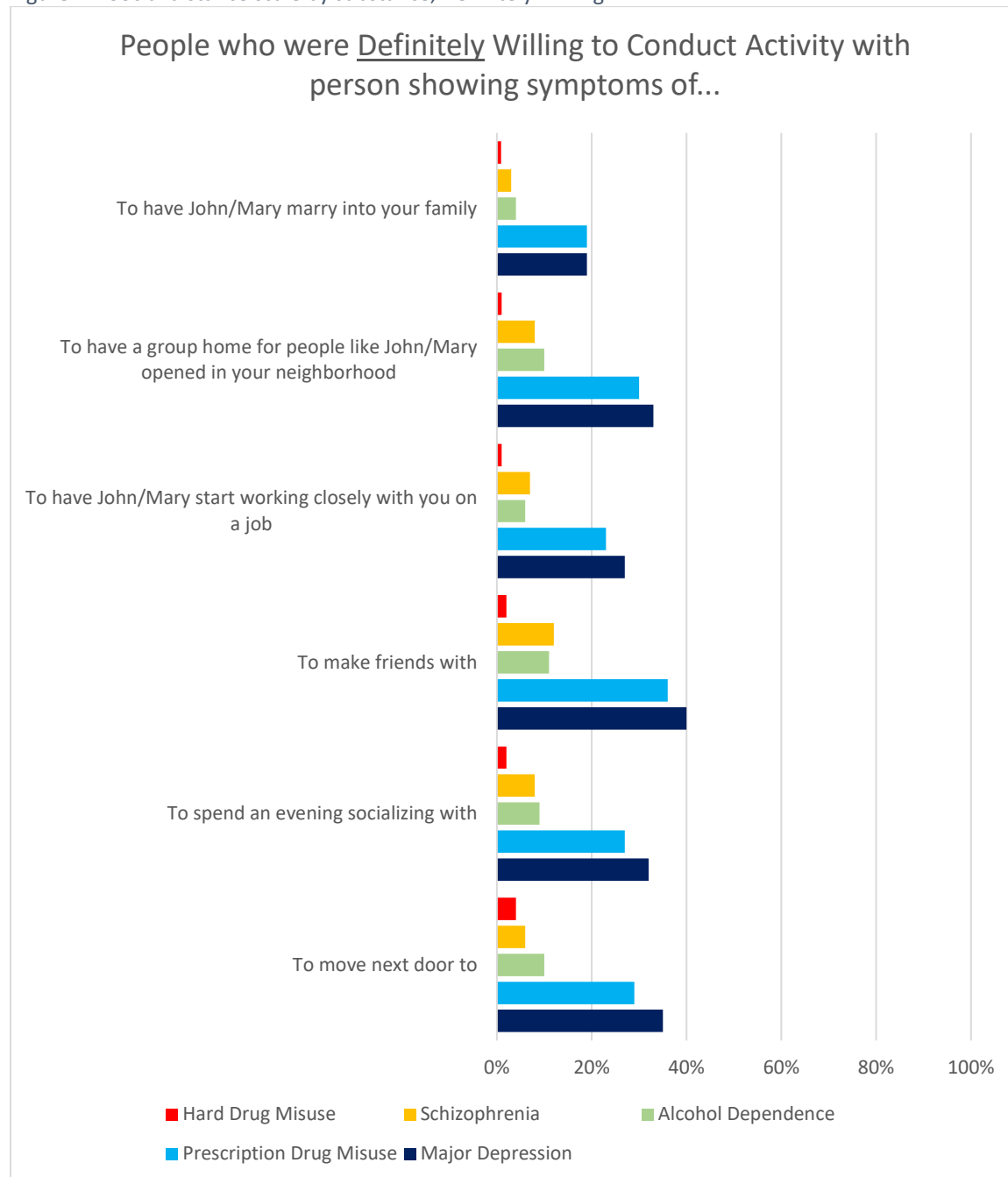


Substance Use & Mental Health Stigma

When presented with vignettes about people displaying symptoms of substance misuse or mental health issues, people consistently showed that they were most accepting of major depression and least accepting of hard drug misuse. However, across all conditions, less than 4 out of 10 of the people surveyed were “definitely willing” to engage in the relationship.

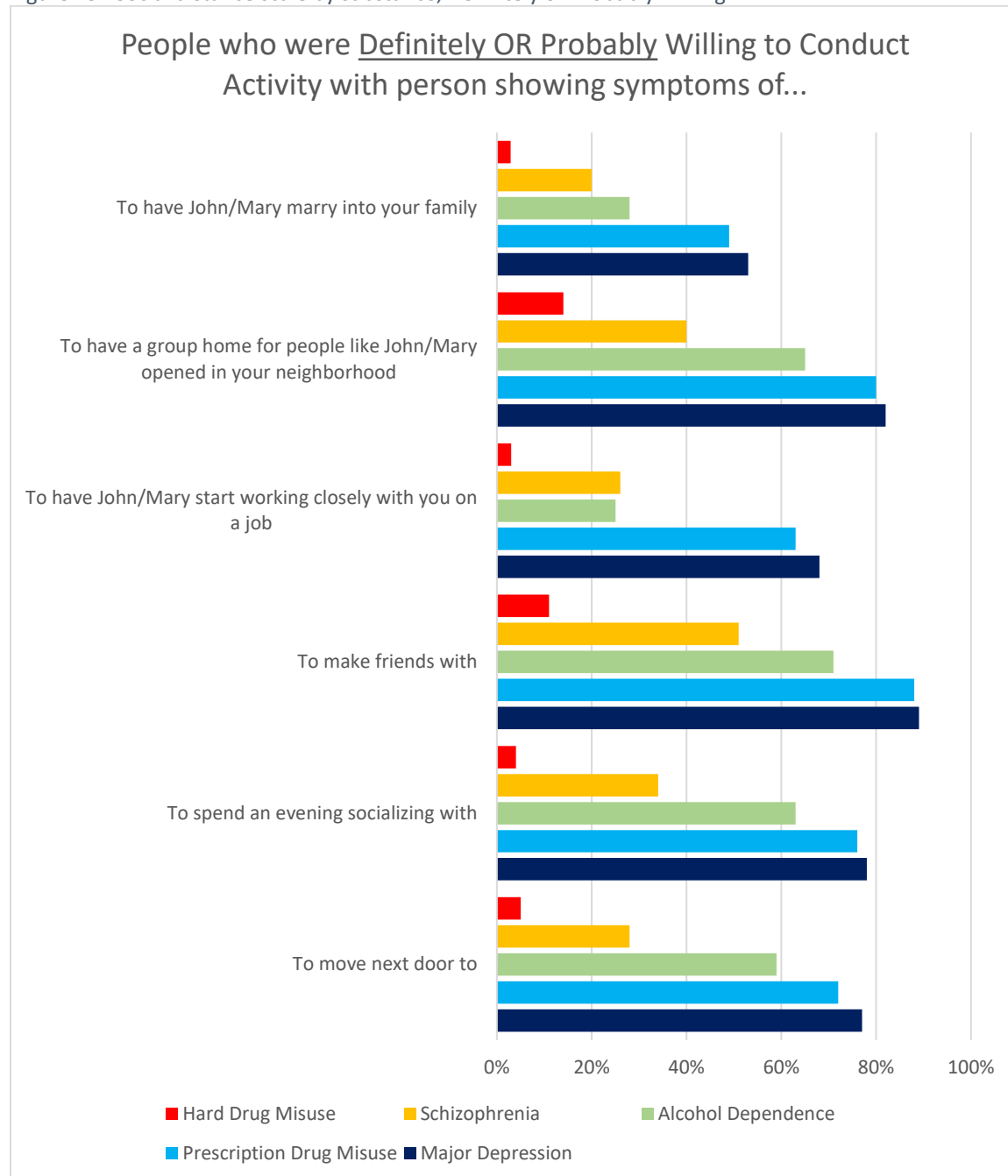
As the scale was designed to show, people also grew less accepting the closer the relationship would be to the participant.

Figure 14 Social distance scale by substance, Definitely Willing



However, once people saying they were “probably willing” to allow the activity was included in the analysis, allowing for a little uncertainty, these numbers did increase. The majority of participants said they would engage in most activities with all of those except people who show symptoms of hard drug misuse or schizophrenia. Also excluded by the majority of participants were those showing symptoms of alcohol dependence from work or marrying into the family.

Figure 15: Social distance scale by substance, Definitely or Probably Willing





Subpopulation Differences



The survey attempted to reach a diverse selection of adults in Missouri. Demographics asked about included race, military status, education level, income level, disability, sexual orientation, and parental status.

Data presented below highlights differences found according to these demographics. This provides an interesting snapshot on potential variability between groups. However, it is important to note that all surveys have a margin of error and some of these differences are slight. This data is suggestive of what might be explored further but should not be considered the final answer on high-risk subgroups.

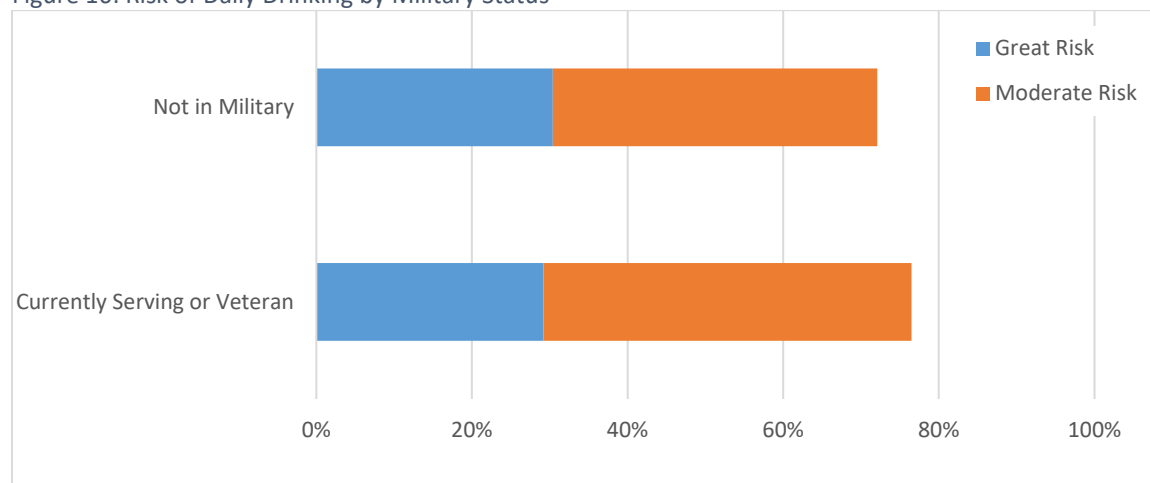
Alcohol

A smaller percentage of adults who identified as parents of a child in grades 6-12 think it is OK for adults to provide alcohol to underage youth compared to adults who do not have a child in that age range. However, overall fewer than 10% of adults in either group believe it is OK to provide alcohol to youth or that it depends on the situation.

- 2.9% of parents think it is OK to provide and 5.8% think it depends on the situation
- 4.5% of remaining adults think it is OK to provide and 4.5% think it depends on the situation

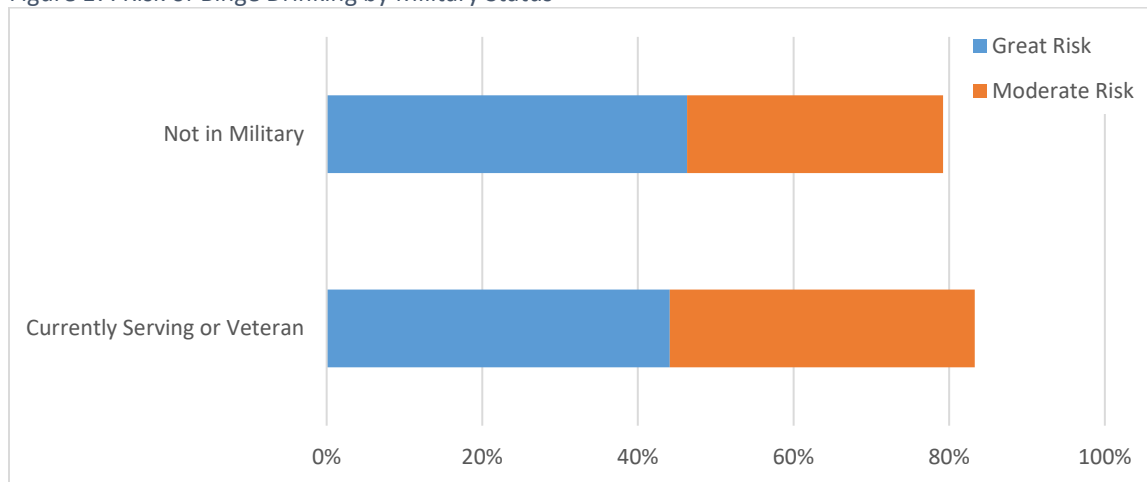
Individuals who were not in the military reported great risk of harm of drinking 1-2 drinks daily at a slightly higher percentage than those who were or had been in the military. However, a greater percentage of those in the military report moderate or great risk of harm.

Figure 16: Risk of Daily Drinking by Military Status



A similar pattern was shown for perception of great risk when drinking five or more drinks once or twice a week in which a lower percentage of those currently or previously in the military report great risk, but a greater percentage reporting great or moderate risk.

Figure 17: Risk of Binge Drinking by Military Status



Marijuana

Adults who report being a parent of a child in grades 6-12 were less likely to believe that marijuana can be addictive than those who do not parent a child in this age range.

- 44.6% of parents
- 50.8% of remaining adults

Several subpopulations of adults differed in perception of risk of harm of smoking marijuana once or twice a week. Those who reported being parents of a child in 6-12th grade were less likely to report great risk of harm of smoking marijuana compared to adults who do not have a child in this age range.

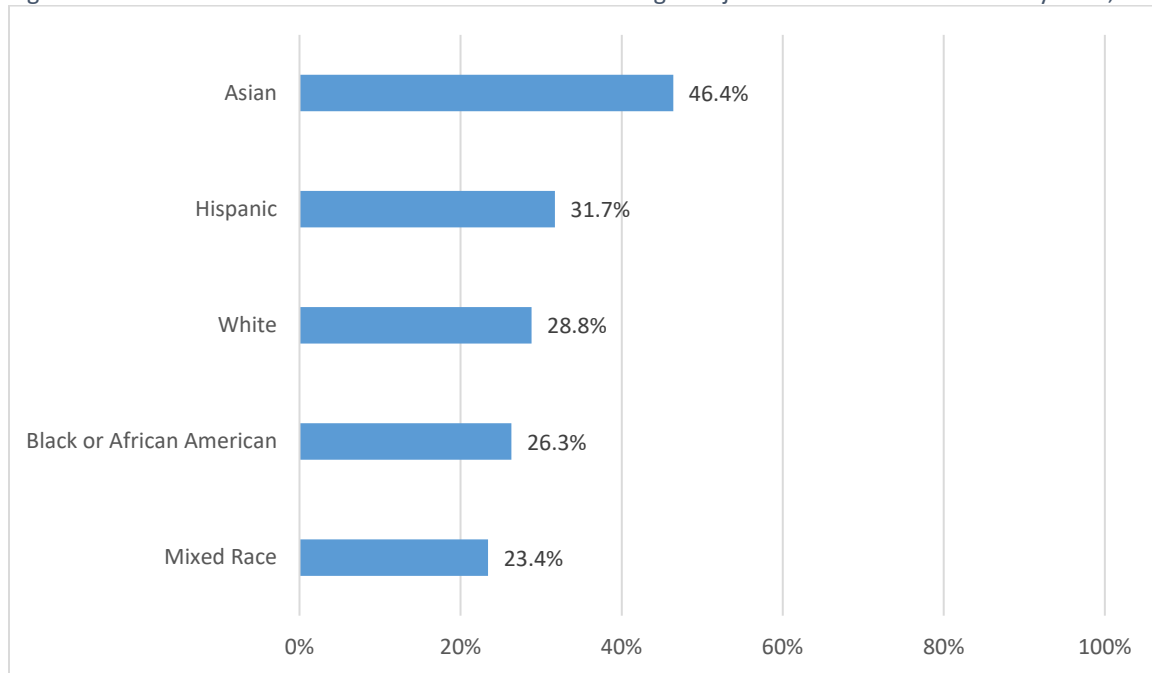
- 25.1% of parents
- 30.5% of remaining adults

Individuals who reported being limited in their activities by physical, mental, or emotional problems reported a greater risk of harm of smoking marijuana than those whose activities were not limited.

- 36.9% of those reporting limitations
- 28.0% of those reporting no limitations

A higher percentage of Asian adults perceived great risk of harm of smoking marijuana, followed by Hispanic, White, and Black or African American adults. Adults who identified as being of mixed race were least likely to report great risk of harm of smoking marijuana.

Figure 18: Differences for Perceived Risk of Harm of Smoking Marijuana once or twice a week by Race, Great Risk



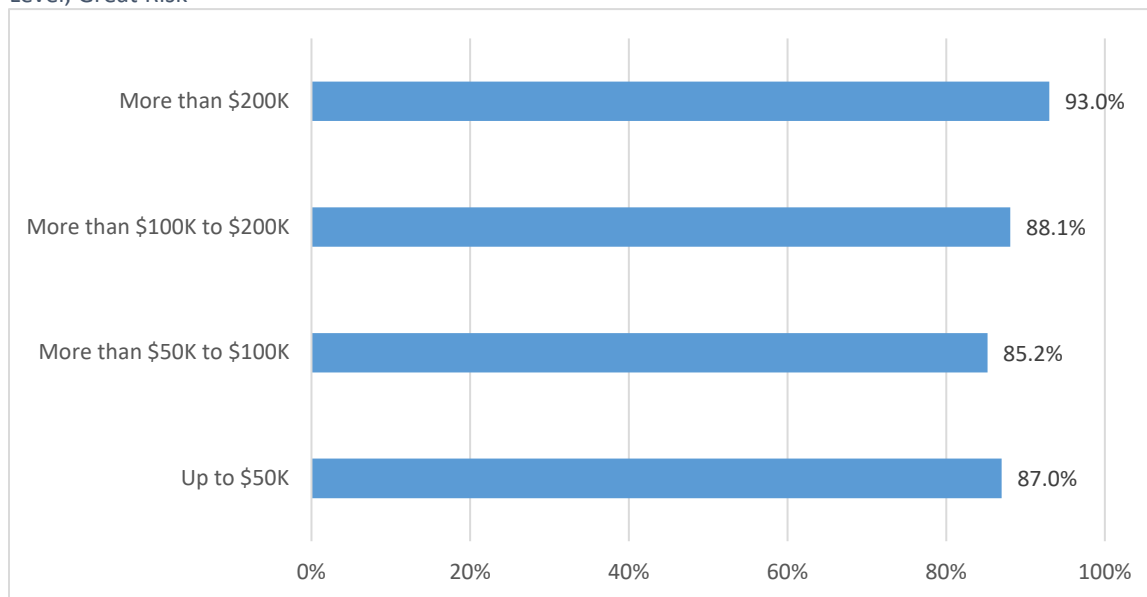
Cigarettes

Several subpopulations differed on perception of harm of smoking one or more packs of tobacco cigarettes a day. A slightly greater percentage of adults who identify as bisexual perceived great risk of harm of smoking cigarettes compared to straight, and lesbian or gay adults.

- 90.1% of adults who identify as bisexual
- 86.6% of adults who identify as straight
- 86.2% of adults who identify as lesbian or gay

When examining perception of harm of smoking cigarettes by income level, most adults perceive a great risk of harm. Individuals reporting income falling in the highest income range were most likely to perceive a great risk of harm.

Figure 19: Differences for Perceived Risk of Harm of Smoking 1+ packs of Tobacco Cigarettes a day by Income Level, Great Risk



Prescription Drugs

Individuals who were not in the military reported great risk of harm of misusing prescription drugs at a higher percentage than those who were or had been in the military.

- 87.1% of adults not in the military
- 83.4% of active duty or veteran adults

Adults who report being limited in activities because of physical, mental or emotional problems were more likely than those reporting no limitations to report that it would be very easy to obtain prescription drugs that were not prescribed for them by a doctor.

- 50.0% of adults reporting limitations
- 42.5% of adults reporting no limitations

Mental Health and Trauma

Adults who report being limited in activities because of physical, mental, or emotional problems were slightly more likely to report experiencing violence or trauma.

- 48.7% of adults reporting limitations
- 42.5% of adults reporting no limitations

Comparisons to Recent Parent Survey

Between November 2016 and January 2017, a random digit dial survey of parents of children in grades 6-12 was completed to assess parental attitudes and knowledge of youth substance use⁶. The current survey included adults that were parents of children in grades 6-12 and adults who were not parents. There is some overlap in question topics between the two surveys, but it is important to keep in mind that the focus of the parent survey was youth substance use, rather than substance use in general.

When asked about providing alcohol to underage youth, higher percentages of parents included in the current survey believed it was acceptable. Less than 1% of parents included in Parent Survey thought it was OK to provide and 1% thought it depended on the situation.

A lower percentage of parents surveyed here (44.6%) believed marijuana can be addictive than parents in the recent Parent Survey (74%).

Both surveys examined military status to identify potential subpopulation differences. Both surveys asked questions about risk of harm of drinking alcohol. The current survey included questions using different dosages of alcohol that were not asked in the parent survey and asked about risk of harm to “people” rather than “students in grades 6-12”. Keeping the question differences in mind, both surveys found a relationship between military status and questions about risk of harm and alcohol use in which a larger percentage of those with no military background perceived use of alcohol as being of great risk than those with current or previous military service. While these data do not provide any conclusive evidence about the relationship between military status and risk of harm of alcohol use, they do suggest that the military subpopulation may be a good target for further exploration concerning attitudes about substance use, particularly alcohol use in youth and adults.

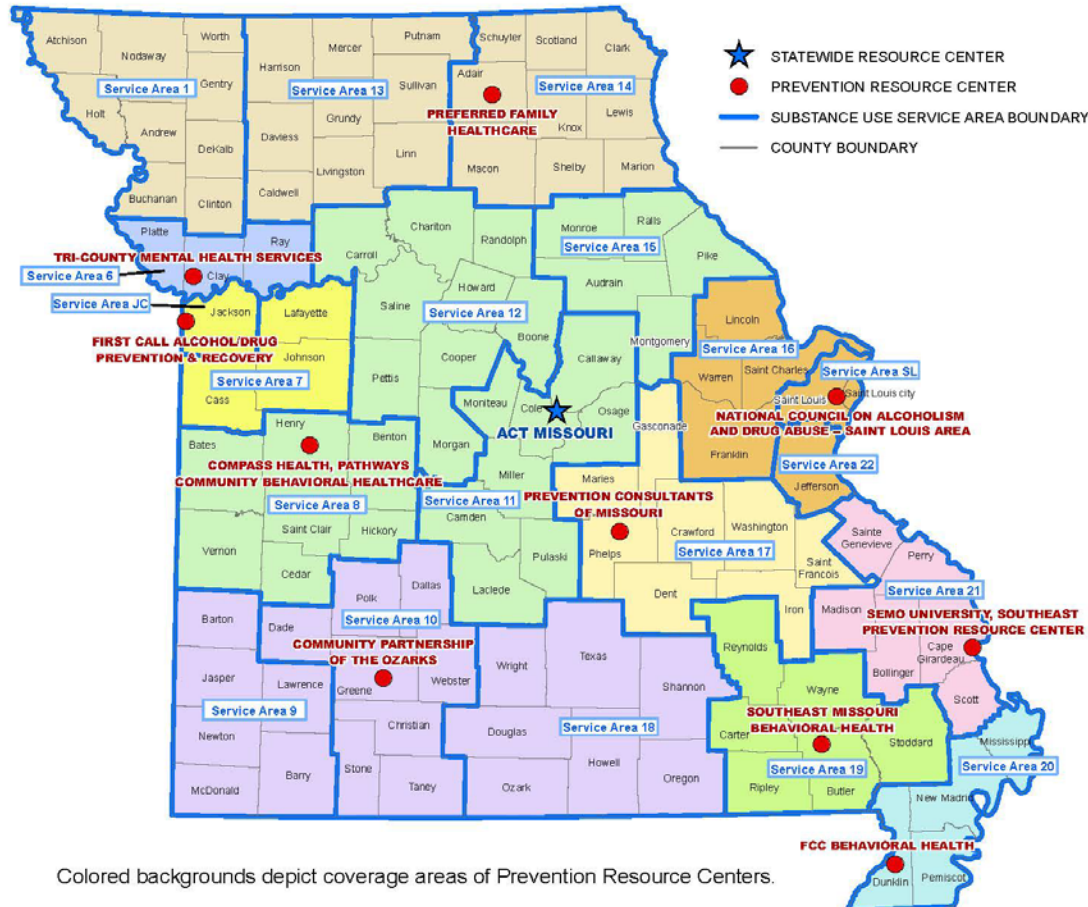
⁶ https://dmh.mo.gov/docs/ada/mobhew_parentsurvey-winter2016.pdf

Appendix A



MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF BEHAVIORAL HEALTH

PREVENTION RESOURCE NETWORK AND SUBSTANCE USE SERVICE AREAS



Colored backgrounds depict coverage areas of Prevention Resource Centers.

| | | | |
|---|--|---|--|
| Community Partnership of the Ozarks 330 N Jefferson Springfield, MO 65806-1155 Phone: 417-888-2020 Fax: 417-888-2322 Coordinator: Rikki Barton E-mail: rbarton@cpozarks.org Website: www.cpcozarks.org | First Call Alcohol/Drug Prevention and Recovery 9091 State Line RD Kansas City, MO 64114-3251 Phone: 816-361-6900 Fax: 816-361-7290 Coordinator: Margaux Guignon E-mail: mguignon@firstcallkc.org Website: www.firstcallkc.org | Prevention Consultants of Missouri 104 E 7TH ST Rolla, MO 65401-3240 Phone: 573-368-4755 Fax: 573-368-2780 Coordinator: Jamie Myers E-mail: jamie@preventionconsultants.org Website: www.preventionconsultants.org | Tri-County Mental Health Services 3100 NE 83RD ST, Suite 1001 Kansas City, MO 64119-4460 Phone: 816-877-0411 Fax: 816-468-0144 Coordinator: Vicki Ward E-mail: vickiward@tr-countymhs.org Website: www.tr-countymhs.org |
| Compass Health Pathways Community Behavioral Healthcare 1800 Community DR Clinton, MO 64735-8804 Phone: 660-885-8131 Fax: 673-635-7560 Coordinator: Melissa Hildebrandt E-mail: mhildebrandt@compasshn.org Website: www.compasshealthhome.org | National Council on Alcoholism and Drug Abuse - Saint Louis Area 9355 Olive BLVD St. Louis, MO 63132-3212 Phone: 314-962-3456 Fax: 314-968-7394 Coordinator: Jenny Armbruster E-mail: jarmbruster@ncada-sll.org Website: www.ncada-sll.org | Southeast Missouri Behavioral Health 101 S Main Poplar Bluff, MO 63901-5843 Phone: 573-696-5090 Fax: 573-727-9039 Coordinator: Angela Toman E-mail: atoman@semobh.org Website: www.semobh.org | ACT Missouri 428 E Capitol Avenue, Second Floor Jefferson City, MO 65101-3164 Phone: 573-635-6669 Fax: 573-635-7257 Director: Chuck Daugherty E-mail: cdaugherty@actmissouri.org Website: www.actmissouri.org |
| FCC Behavioral Health 925 HWY V V, PO Box 71 Kennett, MO 63857-0071 Phone: 573-888-5925 ext. 1315 Fax: 573-888-9365 Coordinator: Jessica Howard E-mail: c2000@fccinc.org Website: www.fccinc.org | Preferred Family Healthcare 900 E LaHarpe Kirksville, MO 63501-4520 Phone: 660-665-1962 Fax: 660-665-3989 Coordinator: Nick Cook E-mail: ncook@pffh.org Website: www.pffh.org | SEMO University Southeast Prevention Resource Center 1 University Plaza, MS 7650 Cape Girardeau, MO 63701-4710 Phone: 573-651-5081 Fax: 573-651-2856 Coordinator: Annie Jansen E-mail: ajansen@semo.edu Website: http://semo.edu/preventionresourcecenter | Missouri Department of Mental Health Division of Behavioral Health 1706 E Elm ST, PO Box 687 Jefferson City, MO 65102-0687 Phone: 573-751-4942 Fax: 573-526-0840 Prevention Director: Angie Stuckenschneider E-mail: angie.stuckenschneider@dmh.mo.gov Website: www.dmh.mo.gov |

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